

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

99/8570033

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		2				
5	1					
6	1					
7		1				
8		1				
9		3				
10		3				
11		0				
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50						
TOTAL IND.	4					
TOTAL DEP.	13					
TOTAL CLAIMS	17					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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